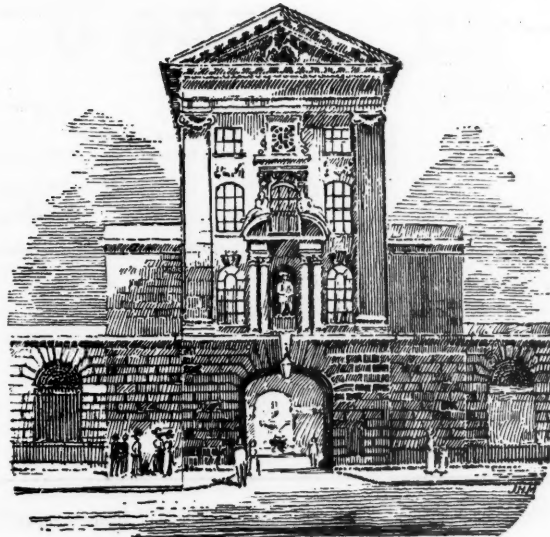


JAN 23 1932

# ST BARTHOLOMEW'S HOSPITAL JOURNAL



VOL. XXXIX.—No. 4.

JANUARY, 1932.

[PRICE NINEPENCE.]

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# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."  
—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XXXIX.—No. 4.]

JANUARY 1ST, 1932.

PRICE NINEPENCE.

### CALENDAR.

- Fri., Jan. 1.—NEW YEAR'S DAY.  
Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
- Sat., „ 2.—Rugby Match v. Halifax. Away.  
Hockey Match v. Shoeburyness Garrison. Away.
- Tues., „ 5.—Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
- Fri., „ 8.—Dr. Gow and Mr. Girling Ball on duty.
- Sat., „ 9.—Rugby Match v. London Irish. Away.  
Association Match v. Old Wykehamists. Home.  
Hockey Match v. Sittingbourne. Home.
- Mon., „ 11.—Special Subjects: Clinical lecture by Dr. Cumberbatch.
- Tues., „ 12.—Prof. Fraser and Prof. Gask on duty.
- Fri., „ 15.—Medicine: Clinical Lecture by Dr. C. M. Hinds Howell.  
Sir Percival Hartley and Mr. L. Bathe Rawling on duty.
- Sat., „ 16.—Rugby Match v. Torquay Athletic. Away.  
Association Match v. Old Westminsters. Home.  
Hockey Match v. Reading University. Away.
- Mon., „ 18.—Special Subjects: Clinical Lecture by Mr. Elmslie.
- Tues., „ 19.—**Last day for receiving matter for the February issue of the Journal.**  
Sir Thomas Horder and Sir Charles Gordon-Watson on duty.
- Wed., „ 20.—Surgery: Clinical Lecture by Mr. L. Bathe Rawling.
- Fri., „ 22.—Medicine: Clinical Lecture by Dr. Gow.  
Dr. C. M. Hinds Howell and Mr. Harold Wilson on duty.
- Sat., „ 23.—Rugby Match v. Pontypool. Home.  
Association Match v. Old Bradfieldians. Home.  
Hockey Match v. Woolwich Garrison. Home.
- Mon., „ 25.—Special Subjects: Clinical Lecture by Mr. Just.
- Tues., „ 26.—Dr. Gow and Mr. Girling Ball on duty.
- Wed., „ 27.—Surgery: Clinical Lecture by Mr. Harold Wilson.  
Hockey Match v. Kingston Grammar School. Home.
- Fri., „ 29.—Medicine: Clinical Lecture by Sir Percival Hartley.  
Prof. Fraser and Prof. Gask on duty.
- Sat., „ 30.—Rugby Match v. Old Millhillians. Home.  
Association Match v. Keble College, Oxon. Home.  
Hockey Match v. R.N. and R.M., Chatham. Away.

### EDITORIAL.



WE wish all our readers a Happy and Prosperous New Year. The year 1931 saw several important changes at Bart.'s, and they were duly recorded in these columns. One insidious and welcome innovation does not appear to have received the publicity it merits. The new system of arranging clinical appointments has at last evolved. The student no longer stumbles haphazard through his appointments under his own guidance; everything is set down for him in black and white, and it appears now to be actually possible to attend all the lectures and demonstrations required by the regulations.

\* \* \*

Christmas "shows" and ward decorations have been a highly developed art for many years at Bart.'s, and this year's display was quite up to the usual standard. Several of the posters were excellent; we have managed to rescue two of them from time's oblivion. It is unfortunate that the usual *Rep Omnia* in the Great Hall cannot be managed this year. The brilliance of a Bart.'s Christmas is only fully realized when you spend your first Christmas in another hospital. We owe a great deal of it to the talented and energetic men who get up the shows, and to the sisters and nurses who arrange the decorations and make the costumes.

\* \* \*

The new volume of the Bart.'s *Reports* is about to be circulated. The contents are as follows:

- I. Excretion Urography. By W. Girling Ball and Reginald T. Payne.
- II. An Investigation into the Mode of Production of Metastatic Ovarian Tumours. By Wilfred Shaw and J. H. Johnson.

- III. Surgery and Spastic Paralysis. By H. H. Woollard.
- IV. Achalasia of the Cardia. By W. J. H. M. Beattie.
- V. The Chemical Prophylaxis of Streptococcal Infections. By Lawrence P. Garrod.
- VI. Treatment of Some Common Fractures. By J. P. Hosford.
- VII. Cause of Death in Chronic Renal Disease. By James Maxwell and A. W. Franklin.
- VIII. Sialography: Its Technique and Applications. By Reginald T. Payne.
- IX. A Study of Buccal Cancer. By Ralph Phillips.
- X. Cancer of the Œsophagus. By R. W. Raven.
- XI. A Note on Direct Inguinal Hernia. By H. J. Burrows.

A great deal of trouble has been taken to put into this volume a record of the work which has been done in the Hospital during the past year. The articles are all as practical as possible, so that they will be useful to everyone. Those who wish to become subscribers, and thus to keep in touch with the Hospital's work, should send their names to Mr. W. Girling Ball. The annual subscription is 15s.

\* \* \*

In the recent Final Fellowship examination of the Royal College of Surgeons Bart.'s achieved a very good pass list; more than fifty per cent of Bart.'s candidates were successful. We should like to congratulate them all on their very creditable performance.

\* \* \*

The "Busy Bees" did not give their usual party in the Great Hall this year, but held a fancy-dress dance in aid of their Cot Fund at the Portman Rooms on January 2nd. Hundreds of "Bees" with their Hive Boxes and Silver Paper Collections were expected, and we understand that these expectations were successfully realized.

\* \* \*

Congratulations to C. R. Jenkins on being chosen recently to play for Ulster, and to J. T. C. Taylor and J. R. Kingdon on playing for Eastern Counties against Middlesex. The victory of the Eastern Counties appears to have depended largely upon their play.

\* \* \*

A lecture on "Insurance Practice" will be given by Dr. R. G. Chase at St. Bartholomew's Hospital on Wednesday, January 13th, 1932, at 12.45 p.m. All students and recently qualified men who can spare the time will do well to attend it.

## A CASE OF MASSIVE COLLAPSE OF THE LUNG.

By Sir THOMAS HORDER, Bt.

(*Abstract of a Clinical Lecture given at St. Bartholomew's Hospital on Thursday, November 12th.*)



F—, a schoolboy, æt. 12, was admitted on September 19th, 1931, on account of cough and pain in the left side of the chest.

*History of present condition.*—Three days ago the patient complained of sore throat. Two days ago he suffered from headache, cough and pain in the left chest. He went to bed and was treated by aspirin. He was feverish, and vomited the day before admission.

*Condition on admission.*—A well-nourished boy, flushed, slightly cyanosed and looking ill. Temperature 103.2° F., pulse 124, respirations 52. Cough is frequent; no sputa; tongue furred; fauces red. *Lungs:* On left side movement is impaired, vocal fremitus increased, percussion note impaired at apex, front and back, breath-sounds weak; bronchial breathing and bronchophony are present, with crepitation and pleuritic friction. *Heart:* Impulse visible over wide area in region of left nipple; apex-beat palpable in fifth space, just outside nipple line; area of cardiac dullness not to right of sternum; sounds natural. *Abdomen:* Natural. *Urine:* Dark amber, sp. gr. 1020, no albumen.

September 20th (fourth day of disease): Cough is painful; signs as before, but impaired percussion note extends further down posteriorly. Temperature 103.8° F.

September 21st: Temperature fell to 98° during the night and patient appears to have had a crisis. Signs: Vocal fremitus is now absent over greater part of left chest; breath-sounds are almost absent over this side; apex-beat unchanged. Leucocytes 12,000.

September 22nd: Temperature normal. Patient much more comfortable. Respirations 30, pulse 80. Signs: Percussion note remains greatly impaired over the whole of the left chest, with sub-tympanic note under clavicle; vocal fremitus absent; some soft bronchial breathing heard. Apex-beat 1 in. outside nipple line.

September 23rd: Cough persists, but is less painful; signs as before. X-ray examination confirms diagnosis of collapse of left lung. Some rhonchus present on both sides. Temperature 101° F. (? due to two boils which have developed on the back).

September 28th: Redux crepitation heard over upper lobe; bronchophony persists; breath-sounds louder over left chest. Leucocytes 27,600.



September 30th: Percussion note impaired over left chest; breath-sounds louder.

October 9th: Percussion note almost natural over upper chest, back and front, dull only at base posteriorly; breath-sounds natural except at base. Patient convalescing.

October 17th: Physical signs natural in all respects.

October 21st: Got up.

October 29th: Discharged, well.

#### COMMENTS ON THE CASE.

The clinical picture on admission was that of pneumonia, and the physical signs confirmed this diagnosis. Consolidation was at first confined to the upper lobe ("apical pneumonia"). Concurrently with the crisis, which, as is not unusual in apical pneumonia in a young patient, occurred on the fourth to fifth days, the signs of consolidation spread rapidly, until the whole of the left lung was involved. The extensive dullness to percussion was not likely to be due to an exacerbation of the pneumonia, because the patient's general state belied this view. Nor was it likely to be due to fluid in the pleura, because the apex-beat of the heart and the area of cardiac dullness were not displaced to the right. Indeed, the apex-beat was noted to be 1 in. outside the nipple-line when the dullness was at its height. A diagnosis of massive pulmonary collapse was, therefore, made. The X-ray examination showed "the heart displaced somewhat to the left; the left lung field is completely opaque from apex to base; the right lung field is clear; the left diaphragm is not clearly defined; no fluid level is seen when the patient sits up" (G. Simon).

Cough persisted during the period of pulmonary collapse and the patient's convalescence was retarded by this complication, but the condition gave rise to no respiratory distress. The return of the collapsed lung to a state of aëration was gradual and occupied a period of some three weeks.

#### GENERAL REMARKS ON PULMONARY COLLAPSE.

There are three kinds of collapse of lung tissue: atelectasis at birth, vesicular collapse, and lobar or massive collapse.

*Atelectasis at birth.*—This is the condition of the lung tissue in which the respiratory function being in abeyance or the infant stillborn, aëration of the alveoli has not occurred.

*Vesicular collapse.*—This occurs chiefly at the bases of the lungs. It is sometimes physiological, as may be noted in sedentary, debilitated or obese persons, in

whom the tidal air is low in amount. It is more common in children and in old patients than in the young and in adults. "Hypostatic pneumonia" and "congestion" include a varying degree of this form of collapse. It is common in heart failure. It frequently follows acute pulmonary infections, and especially the bronchiolectasis of influenza. This latter condition may, indeed, leave a long-standing, or even permanent, state of vesicular collapse. A common association of this form of collapse is pulmonary œdema, for which condition it is not infrequently mistaken.

*Massive collapse* is of two sorts, and these are sometimes—but inadequately—termed "active" and "passive."

(1) *Active collapse.*—This is not uncommon in children, and especially in rickety children, and in particular if bronchial catarrh, pertussis or laryngitis affect rickety children. But it may occur in children who are otherwise healthy when they suffer from bronchial catarrh or pneumonia—as in my case—and, though less often, in adults.

It may occur after abdominal operations, not only when the surgeon's sphere of intervention is the upper abdomen, as in cases of perforated peptic ulcer and gall-bladder disease, but also after appendicectomy.

Active collapse is also met with sometimes when the chest-wall is injured and after gunshot wounds of the thorax.

(2) *Passive collapse* occurs in association with pneumothorax, pleural effusion, neoplasm of a bronchus, and foreign body in a bronchus. It may also occur in severe cardiac dilatation and with pericardial effusion. It is met with when the diaphragm is paralysed (as by diphtheria), or when this muscle is pushed upwards considerably by abdominal diseases. Lastly—but this is scarcely seen nowadays, when severe cases of the disease are rare in this country—it may occur in typhoid fever. I am not to-day concerned with passive collapse.

#### ACTIVE COLLAPSE.

*Symptoms and signs.*—Symptoms are inconstant; they may be absent; more often they are obscured by the symptoms of the associated condition; they are pain, orthopnoea, dyspnoea and cough. Some cyanosis is common and there may be slight pyrexia.

The physical signs are sufficiently indicated by the recital of the signs which were present in the case just described. The lung is immobilized, therefore inspection shows considerable lack of expansion—a fact confirmed by palpation. Vocal fremitus is variable, but is probably in most cases diminished. The percussion tone is greatly reduced, and a sense of resistance

may be felt during percussion. The note is not infrequently high pitched (skodaic or sub-tympanic) below the clavicle. Auscultation reveals absence of the normal vesicular murmur, and there is usually some degree of bronchial breathing and of bronchophony. *Râle* is scanty and, when present, is most often of the "dry" type—rhonchus and sibilus.

The most important signs are those relating to the heart, because these so often give the key to the diagnosis. This organ is uncovered, but is not materially displaced. If it is displaced, it is displaced towards the affected side.

The differential diagnosis of massive collapse of the lung is from pneumonia (as in my case), and this may be impossible at first; from pleural effusion (again, as in my case); from fibrosis of lung; from pulmonary tuberculosis; from neoplasm. The real nature of the condition is more often overlooked for want of remembering its existence than from any other reason.

The course of the disease is variable. In acute cases it is from a few days to a few weeks. In chronic cases the duration is longer. It may be permanent, in which event other troubles follow—contraction of the chest, fibrosis of the lung, bronchiectasis. (? Are not some of the cases of the last-named condition which arise insidiously during childhood due in the main to an unresolved lobar collapse.)

The pathogenesis of massive collapse of lung is problematical. Four hypotheses have been advanced: (a) Failure of respiratory power—a theory which led to the use of the term "active" collapse. (b) Bronchial catarrh (*i.e.* a plug of mucus obstructing the tube). (c) Spasm of bronchioles. (d) Inflammation of the crus of the diaphragm and of the pleura covering it.

The treatment of massive collapse of the lung is chiefly that of the associated disease-process. But certain respiratory symptoms (*v. s.*) may also require treatment. The posture should be that in which breathing is most comfortable. Bandages and tight garments are to be avoided. Cough, as it is purposeless, is relieved by sedatives—unless some other pulmonary lesion contra-indicates their use. If the lung shows no signs of aëration after a week or two, and the patient is not acutely ill from any cause, graduated breathing exercises may be used and the thorax may be massaged. Woolf's bottles are a useful adjunct.

## THE CHRISTMAS ENTERTAINMENTS.

ONE are the evil days when we would sneak from our one-act scrap-heap and out through the back ward, leaving the screens still standing before an angry audience; days when the principal girl got drunk and forgot about the show, and the props got slowly strewn by the wayside, so that Boxing Night seven o'clock saw us naked and unadorned. This year the programmes revealed a studied talent and a wealth of succulent femineity which I understand has excited the jaded interest of Charles B. C. Miss Mercer, I am sure, will not mind me revealing the fact that she has been invited to form a troupe to be called the *Chump Sisters*. But let us not anticipate.

One man, even though clothed in literary plurality, cannot be supposed to have seen all the shows, and let me say at once that though I chased *Percy's Periwinkles* all over the Surgical Block, I never succeeded in setting eyes on them. They appeared to move faster than light—a very creditable performance. A friend from Sandhurst with a powerful literary style who has kindly given me his impressions of those he saw also had the misfortune to miss them, and is suffering from a severe relapse.

I should like to start with the *House Party*, whom I ran into three times in the course of the chase referred to above (and each time I stayed for the lot). The opening chorus, "Jolly Good Company," and "The Residents of Bartholomew's" put us at once in a good mood, which was not entirely dispelled by Mr. Coltart's realistic rendering of "Germs," resuscitated from *Baby Bunting* of the war era, but with some additions I had not heard. It was noted that during this several patients asked for screens to hide their feelings. There followed a sketch, "Off the Lines," by Mr. Rodgers and Mr. Nicholson; song, "The British Working Man," by Mr. Vartan; and some high quality knock-about by Messrs. Briggs and Churchill. The chief item, "The Play's the Thing," which had a complicated and rather French plot with a lot of love interest, owed much to Mr. Dean's noises off. Mr. Dean has kindly consented to exhibit and demonstrate his box of properties in the bathroom of Smithfield during this week, entrance 3d.

A trio, "Tell the Doc.," by the untiring Messrs. Vartan, Coltart and Briggs, in white bags, frock coats and stethoscopes led us up to the closing chorus, "Why does the Winkle always Turn to the Right," which the "nurses and ladies" were asked to sing all together. Mr. Rodgers must prepare for heavy weather over this. The Residents are certainly to be congratulated, and deserve free beer for the number of performances they gave.

The *Gaskrosstommies* also worked very hard and had some very tasteful Spanish costumes which sat well, especially on their three maidens, Messrs. Mercer, Stallard and Burstal, as previously hinted. Their best items, apart from their rousing songs, "Shout for Happiness," "Smile, dam ye, Smile," and "Chump Chops," were the sketches "The Silent Prompter" and "Cold Comforts," both of which were exceedingly well done. Mr. Hosford entered into his symptomatology so enthusiastically that I couldn't tell by the end whether he was vomiting or sneezing, and the substitution of his toasted remains was most professionally effected. Well done the Unit.

*The Pelvic Shadows* I only achieved on Boxing Day, when a few of their troupe remained most generously to entertain wards which had done poorly on the second day. This they did in a most talented manner, and I have nothing but praise for themselves and their system of lighting. My fire-eating friend referred to above has provided me with his comments on the full performance: "A bout of merry fooling by a troupe which included three scantily-clad but remarkable females, of very diverse types. One was tall and thin, and had a far-away look of melancholy in her black eyes; the second was short and was possessed of a very determined-looking blue chin; the third in appearance was much more presentable, but had a voice the like of which I never heard before and I trust will never again. In power it was immense, and piercing and shrill like a steam whistle, and not only during the show, but also whilst the others were proceeding, her siren's tones were heard echoing shrilly round the building up to the late hours of the evening.

"Some discreet reference was made (in a short recital) concerning a nocturnal invader (male) of the Nurses' Home, and then followed the main item—a duet between Mr. Powditch and Mr. Rincaster Woods ('the lady of the voice'), entitled 'Only a Rose.' During this the former's nerves seemed much upset, and he would have been quite relieved to scatter the petals of the rose (which proved to be a cauliflower) over the prone figure of his lady. Unfortunately, however, the lady's voice was too powerful, and after several acrobatic struggles it was Mr. Powditch who succumbed and gained his wreath of cauliflower.

"The Pedagogue and his class with their topical rhymes proved quite a good finale.

"The *Follies Bougies* seemed an exceedingly thirsty crowd. The smiles with which they confronted the audience in their first song were positively dazzling. Were they occasioned by delight at the sight of the audience, or pleasurable anticipations

## PERCY'S PERIWINKLES



of refreshment soon to follow in subsequent items?

"Soon a small boy's excited whisper was heard, 'E's sitting at the table with a cigarette and a glarse o' beer.' Thereafter the audience were exhorted to 'Drink, brothers, drink,' and to 'Drown all their troubles in wine'—precepts the Follies not only preached, but practised.

"The best item of this show was the sketch, 'The

Consoling of Mr. Potts.' The said Mr. Potts was bemoaning the loss of his cook, and was consoled by a friend for that of his wife, which (for Mr. P— was somewhat of a gastronome; we say nothing of Mrs. P—) would have been a much lesser blow. The consoling was—

of the way Clown Burton of Clacton, admirably sustained by Mrs. Burton at the piano, excelled his effort of last year, and kept things going for over three hours. Miss Thompson and her assistants are surely to be congratulated not least on the way they provided for the



with the aid of whiskies and sodas—successfully accomplished and was quite amusing.”

The wards therefore had plenty to celebrate on, and the admission queue for next season will be a lengthy one. I managed on Boxing Day to see part of the Surgery Children's Party, and was filled with admiration

innumerable gate-crashers who leaked in imperceptibly during tea. Her original idea has certainly developed into a very fine thing.

F. C. R.



## ROBERT BRIDGES: THE POET OF EVOLUTION.

*Being the Inaugural Address delivered before the Abernethian Society on November 3rd, 1931.*

By W. LANGDON BROWN, M.A., M.D., F.R.C.P.

(Concluded from p. 47.)

The year 1929, which saw the publication of the *Testament of Beauty*, also saw the birth of another remarkable book, *The Ascent of Humanity*, by Gerald Heard, a work which seems to me to have excited considerably less attention than it deserves. By the historical method he arrives at much the same conclusions as Bridges does through the poetic medium. What is implicit in Bridges is explicit in Heard. It is indeed the direction in which I find a good many minds are set to-day—a sense, however shadowy, of what the next phase of evolution will be.

In all matters of this kind, the personal equation of the interpreter must influence his interpretation. The human mind cannot photograph, though it may portray. The angle of vision must differ with the individual. Which is only a paraphrase of what I have just quoted from our author. Will you, therefore, forgive the interpolation of a personal note by which I can perhaps make clearer my own point of view.

When I was only three weeks old the Second Empire met its *débâcle* at Sedan and Napoleon III fled to England. When I was five weeks old Garibaldi entered Rome and overthrew the temporal power of the Pope. When I was but a few months old the German Empire was proclaimed at Versailles. I do not claim that I can remember any of these stirring events, but the effect of them on my seniors was to convince them—how erroneously we now know—that the frontiers of Europe were set for all time, and that the days of war between the Great Powers were over. This sense of stability was communicated from the environment to the growing mind of the child. Some allowance must doubtless be made for the sense of time in a child, when the interval between one birthday and the next seems a whole epoch. But when all such allowance is made, it must be admitted, I think, that the 'seventies of the last century were extraordinarily stable and static. Early impressions such as these coloured the whole mentality of the men who had reached middle age when war broke out in August, 1914. As J. M. Keynes says, they regarded the then existing state of affairs as normal, certain and permanent, except in the direction of further improvement, and any deviation from it as aberrant, scandalous and avoidable.

In the 'eighties there was a stir of the æsthetic movement in art, and socially, the almost sudden realization that industrialism had brought about conditions which must be remedied. Walter Besant's novels, *All Sorts and Conditions of Men* and *The Children of Gibeon*, stimulated the popular imagination, and the People's Palace in Mile End Road was the direct result. It still carries on useful work as a technical college. Toynbee Hall and various college settlements in East London sprang up. There was a pathetic belief that with goodwill and mutual understanding a social millenium would arrive about 1930! Well, 1930 has come and gone, and the social millenium seems much further off than it did fifty years ago. But no age has less reason to be ashamed of its dreams than the 'eighties of last century.

With the 'nineties a note of doubt and cynicism begins to make itself heard. "Fin de Siècle" becomes the fashionable phrase. In the literary world the mid-Victorian giants are dethroned and the *Yellow Book* is the manual of the elect. But though its contributors proudly proclaimed themselves decadent, they really seem, in the retrospect, to have developed a new, delicate and sensitive form of art. In science Weismann chilled the expectation of evolutionary progress by his denial of the possibility of the transmission of acquired characters. In politics the earlier somewhat theatrical imperialism of Disraeli, and the literary imperialism of the 'eighties as reflected in Seeley's *Expansion of England* and Froude's *Oceana*, hardened into the more materialistic imperialism of Joseph Chamberlain and of Rudyard Kipling in his less inspired moments. It rose to its zenith at the Diamond Jubilee, and crashed miserably in the Boer War as the century ended.

Of the early days of the twentieth century, C. F. G. Masterman said that there was a race between a horizontal and a vertical line of cleavage, *i.e.* a cleavage between classes or between nations. Nationalism just won, with the results we know. C. E. Montague, who went to war in the spirit of a crusader, has described in his book *Disenchantment* the effect of the war on his and indeed on most men's minds. Bridges himself spoke of—

"War fallen from savagery to fratricide,  
From a trumpeting vainglory to a crying shame."

Few would deny that the war brought disillusionment. We may have, as a consequence, gained in charity; we have certainly lost much in faith and hope. I remember about 1920 Sir Arthur Shipley saying to me, in that key of humorous exaggeration he affected, "I agree with Anatole France, that the creation of the universe was an intolerably rash act." I subsequently found that there was more of Shipley than of France in that phrase.

Do you remember three cartoons drawn by Max Beerbohm about that time, which are now in the Fitzwilliam Museum at Cambridge? The first is "The Future as Seen by the Eighteenth Century," and shows a brightly appressed dandy gazing through a spy-glass at an attenuated image of—himself. The second, "The Future as Seen by the Nineteenth Century," shows a smug, stout, spectacled manufacturer gazing with satisfaction at a greatly enlarged image of—himself. The last, "The Future as Seen by the Twentieth Century," shows a shell-shocked young man, with a mourning band on his arm, gazing apprehensively at a dark cloud bearing a large query mark. But note the subtle optimism of the artist. The eighteenth century was wrong, the nineteenth century was wrong, and perhaps after all, our gloomy prognostications may be wrong as well.

A curious symptom of the prevailing disillusionment is the turning of the white races to the coloured ones for artistic inspiration—pictures of the South Sea Islanders, carved wooden images from Tahiti, jazz music, negro spirituals. The world resounds with dark laughter, as the white man uneasily shifts the burden on his shoulders. Some of the reasons for this disillusionment and loss of confidence are obvious; others are more deeply seated. Man's reaction to Nature varies with the control which he feels he has over it. The savage always went in fear of his environment, but our attitude became gentler and more romantic. We are the freer to admire the majestic contours of the mountain and the sunset glow upon them because we can ascend them in funiculars to rest in comfort in a well-equipped hotel, or burrow under them in a wagon-lit or fly over them in an aeroplane. But even to civilized man in the eighteenth century they presented a different aspect—these contours interposed barriers between him and his destination; the fading of daylight meant discomfort, difficulty and even danger. And so his attitude towards mountains was quite different from ours. Despite Ruskin, no one really admired mountains before the age of railways. How much more awe-inspiring to primitive man was "Nature red in tooth and claw with ravine" than to us. Generally speaking, we felt so safe that a tornado, an eruption or an earthquake struck us as vaguely unseemly, and, paradoxically, somewhat unnatural. We became out of sympathy with primitive man's incessant efforts to placate Nature since we had so largely conquered her external manifestations.

More recently, however, Man has become rather overawed by the universe in which he finds himself. He can hardly comprehend the vastness and emptiness of the interstellar spaces, or the minuteness of the

electrons within the atom. Life trembles, as it were, in a narrow zone between intolerable heat and intensest cold; if it wavers on either side, it ceases to be. It can only exist in association with an atom which holds twelve electrons within its orbit. Staggered by such facts he is too apt to forget that the most marvellous of all matter is the nerve-cell, and that, so far as we know, he possesses the most highly developed system of such cells, whereby he can perceive and interpret the phenomena by which he is surrounded. The astronomer in H. G. Wells's story realized that he was greater than the comet which was presently to destroy the earth and him with it, because he knew what the comet was going to do, and the comet did not.

But man has become much less confident of the control which reason can exert over his instincts. It required the convulsion of a great war abruptly to remind us that if we had subdued Nature externally, internally, in ourselves, she is as cruel and bloodthirsty as ever. It has been well said that man has had three great blows to his self-esteem. The first was when Copernicus showed him that the world was not the centre of the universe, the second when Darwin showed him he was not a special creation, and the third when the new psychology revealed that his reason is not completely master in his own house. To quote Bridges—

"How small a part  
Of Universal Mind can conscient Reason claim!  
'Tis to the unconscious mind as the habitable crust  
Is to the mass of the earth."

Though we are far from returning to the theory of geological catastrophes which was widely held a century ago, we have departed from the conception of evolution as a smoothly continuous process and regard it as more probably occurring in a series of jumps. Indeed the quantum theory in physics suggests that all movement is of this order. Mutations are constantly recurring little jumps, but such geological changes as the on-coming or passing away of a glacial epoch must inevitably have produced much greater jumps. The whole of historic time is but as one day of evolutionary time, but even so we might have anticipated that we could detect some changes in man's physical structure in process. Wilfred Trotter, indeed, thinks that evolution can still be seen at work in lightening the cranium, the temporal muscles and the jaws of the modern European. But on the whole, we seem to be passing through a stable epoch as far as physical structure is concerned. Nor is there any real evidence of mental evolution. It would take some courage to assert that we have better brains than the ancient Greeks. But when we turn to psychological evolution there is much to assure us of real and even rapid developments.

Gerald Heard makes a striking use of the well-known conception of the evolutionary process as a spiral; he maintains that our increased insight and interest in primitive men to-day is due to the fact that in the spiral path of our own evolution we are looking directly down, as it were, into their minds, much as, from an aeroplane, we can see the outlines of sites so long lost as to be hardly a legend. The discovery of the outer circle at Stonehenge and of Roman camps by this means are familiar examples. On the other hand, the horizontal displacement of even one generation ago was so great that their attempt to view the primitive mind failed in spite of the higher altitude. The observers saw little but the distorted reflection of themselves. It is interesting that he should use the same illustration of their attitude to the past that Max Beerbohm used for their attitude to the future.

It is this spiral advance which causes us to become rapidly out of sympathy with our immediate predecessors, for here only the lateral displacement shows itself, and to find ourselves strangely in sympathy in some respects, though not in all, with certain past epochs. Thus we are in sympathetic accord with much of the Greek thought, but find the idea of slavery, as an essential feature of a city state, quite distasteful to us. Prof. Gwatkin said of the Middle Ages, in whose clothes so much of our religion is actually still arrayed, "We shall never quite understand them. We possess their work, but we are of a different spirit." I would say that our last tie with them vanishes as soon as we accept the idea of evolution. On the other hand, we appreciate the Humanism of the Renaissance, but reject their failure in Humanitarianism. It may well be that the future will reject as valueless charity our humanitarianism in soiling the stream of life by strenuous efforts to preserve mental defectives while not preventing their reproducing themselves. Yet though the barbarity of our legal system of a hundred years ago revolts us, there are things in our criminal code of to-day which, as Richard Hughes said recently, will make as frightful reading to future generations as the proceedings of the Inquisition do to us; and should they find in some forgotten drawer a faded photograph of ourselves, of you or me, with the memory of that record fresh in their minds, they will search our features in horror and surprise.

Obviously, then, our humanitarian attitude is not completely logical or logically complete, yet we could no more revert to the Renaissance attitude towards such things than we could revert to cannibalism.

But we must not over-estimate the rate of psychological change, nor anticipate too much from it. Leonard Woolf puts it forcibly when he says—"The strangest

and most important fact about communal psychology is that its content is largely the ideas, beliefs and aims of the dead. . . . the law of mortmain or the dead hand. . . . There can be no understanding of history, of politics, or of the effects of communal psychology which does not take into consideration the tremendous effect of this psychological dead hand, the dead mind. . . . At every particular moment it is the dead rather than the living who are making history, for, politically, individuals think dead men's thoughts and pursue dead men's ideals . . . mere ghosts of beliefs, ideals from which time has sapped all substance and meaning. . . . A dogma is simply a belief which the living receive as a command from the dead."

But I would suggest that the real reason why this influence which the dead past continues to exert over the living man is so powerful, is that he carries with him, still living, the genes of his dead ancestors. For, as Samuel Butler said in *Life and Habit*, "His past selves are living in him at this moment with the accumulated life of centuries. 'Do this, this, this, which we too have done and found profit in it,' cry the souls of his forefathers within him. Faint are the far ones, coming and going as the sound of bells wafted to a high mountain; loud and clear are the near ones, urgent as the alarm of fire."

Thus is our psychological evolution limited and retarded. But unless we can overcome this difficulty sufficiently to adjust to the imperative needs of new conditions, the issue for civilization is scarcely in doubt. Modify or disappear is the inexorable sentence of evolution when the organism is confronted by a changing environment. If we turn to the history of evolution we can read of one success which serves to illustrate my point.

"The law of progress is this—the race is not to the swift, nor to the strong, but to the wise." So said Gaskell in pointing out that comparatively early in evolution a conflict is seen between the development of the central nervous system and of the alimentary tract. In coelenterates the central nervous system formed a ring surrounding the mouth. When symmetry became bilateral instead of radial, the oesophagus was still surrounded by a ring of nervous tissue. The highest arthropods developed the central nervous system until it gripped the oesophagus so tightly that they could only continue to exist as blood-suckers, such as spiders and scorpions. Their progress was leading to a terrible dilemma—either the capacity for taking in food without sufficient intelligence to capture it, or intelligence sufficient to capture food and no power to consume it. Two methods of escape from this dilemma were found—one the development of the gregarious habit, the other the evolution of the



vertebrates. The former method, in which each individual is absorbed into the community and is helpless apart from it, marks as distinct an advance in evolution as that from unicellular to multicellular organisms, and is fraught with even greater possibilities. For bees and ants this was comparatively easy, because of the very smallness of the brain of the individual and the limited number of reactions of which it is capable. Moreover the social habit in insects has imposed its demands not only on the work, but on the structure of the individual composing the herd. It has sterilized large numbers, rendering them neuter, and thus enormously simplifying the problem. Conflict and competition is greatly intensified in a community where each individual aims at seeing himself immortalized in his offspring. Still more is this the case when one such community comes up against another similar one.

It would seem as if the vertebrates had now reached a closely similar dilemma, for if man's brain were to become any larger, the chances of his being born alive would be greatly reduced. The lightening of the non-nervous structures of the skull to allow of some further increase of brain tissue, to which Trotter alludes, may do something, but if we have to depend on an increasing size of brain for further evolution, the dilemma would soon become acute both for mother and child. Are we to look forward to a race of Cæsarian born, or rather is not this dilemma to be solved, as was the former, by the development of a new co-consciousness? Inevitably further evolution can only be psychological.

There are three stages in the evolution of human society; to the first the name of co-consciousness has been applied, or, as Aldrich calls it, "a collective unconscious morality inherent in the laws of life," so far as they can be appreciated. At this stage man is bound with a hypnotic completeness to every tabu. If he breaks a tabu he may even die, apparently from the sense of sin and isolation he experiences, as a bee dies when separated from the swarm. Rivers' studies of the Melanesians convinced him that they seemed to recognize instinctively, using that much-abused word in the strict sense, what the general feeling of the group was and what definite line of action it should take. Such communities are stable precisely because they are not individualized. The avoidance of collisions between foot passengers in crowded pathways, thought reading and social tact, he regarded as vestiges among us to-day of that social common consciousness.

In the second stage individuals begin to emerge, and it is interesting to our profession to observe that it is the witch doctor, the magician, who is the first to do so. Probably the proto-individual realizes that he is different from the herd before it becomes apparent to them. So

he adopts a *rôle* which is impressive to the onlooker and suggestive to himself. But he is soon conscious not only that he is alone, and that he can never go back, but that there is enmity between him and the tribe, which spares him because it fears him. He evolves into the priest-king and, as Freud says, the elaborate tabus by which the lives of the priest-kings are made little better than a pestered imprisonment, are the outcome of a profound sub-conscious jealousy based on a feeling of fundamental difference in quality between the group and this particular individual. Frazer inquires, why did it become customary in many parts of the world to put divine kings and other human gods to a violent death? It was because they feared that if they allowed him to die of sickness or of old age, his divine spirit might share in the weakness of its bodily tabernacle, or perhaps perish altogether, thereby entailing the most serious danger on the whole body of the tribe. Whereas by putting him to death while he was yet in full vigour of body and mind, they could transmit his still uncorrupted powers to his successors. This is the real origin of the divinity that doth hedge a king, who was at first a sacrificial object—the central object of fertility rites on which the survival of the tribe depended. But as the evolution of human society proceeds the individual learns to outwit the tribe, and to substitute others or even an image or symbol for his own body, which was intended for sacrifice. Another man or an animal died in the king's stead. The King is dead, long live the King. Such a change made for absolutism. The divine right went on without its distressing consequences.

This conception of kingship makes much more intelligible the ascription of divine powers and the final deification of the Cæsars, for this was merely a reversion to an earlier mode of thinking. It also explains their frequent assassination, which must often have seemed a religious duty to the assassin. Even to-day, in many parts of the world, assassination of the ruler is too often regarded as a political argument, and lunatics who are admittedly prone to revert to primitive methods of thought find a particular fascination in it.

The king at this stage in his attempts to outwit the tribe realizes that what they want is physical plenty, and so he leads them out to conquest. A study of epic literature reveals that they are the record of a short, violent, vivid period in the advance of human culture, an invariable stage, the heroic age. There is a transition from the cult of the totem animal to the heroic cult. "The glorious heroes are for the most part kings, but not in the old sense, bound to the soil, responsible for its fertility. Homage paid them is devotion for personal character. . . . Another noticeable point is that in heroic poems scarcely anyone is safely and quietly at



home" (Jane Harrison). An heroic age is an almost invariable characteristic of the movements of people and comes to an end with their re-settlement. Heard says that the "passion for praise" which Chadwick notes as the heroic characteristic is surely indicative of an acute crisis in individuality, similar to the small boy's crying, "Look at me; look at me!" We can therefore see how inevitable it is, even in modern times, that a king who claims divine right and leads his people out to battle unsuccessfully should lose his crown, and often his head with it.

"The raiding stage over, the re-settled peoples will, to some extent, return to magic as they will have gone back to crop-raising and will once again be obsessed with fertility; the generalship will break up; a separation arises between the priestly and the kingly aspects. On the religious side, priesthood will re-establish itself, but as a profession. This priesthood will not have to pay its old price, neither will it be paid the old reverence" (Heard). The struggles between the kingly and priestly aspects of rulers are typified in the Middle Ages by the recurring conflicts between Emperor and Pope. They were seen in Egypt in the conflict between the "modernist" Aknaton and the priests of the temples. If the priest wins, he puts a boyish usurper on the throne, whom he can control. Such was Tut-ankh Amen, who succeeded Aknaton. Seen from this angle what a fascinating story the history of the Old Testament becomes. Moses followed by the victorious raiding general, Joshua; the struggles between Samuel and Saul; the successful claim of the priest to decide certain things against the king, as when Samuel hewed Agag in pieces before the Lord, but against the wish of Saul; Saul, bewildered and outwitted by superior intelligence, reverts to fertility rites and consults the witch of Endor, and finally Samuel places the boyish usurper on the throne—David.

Originally only the king was regarded as having a future life, and therefore as the only one to possess a soul. But as individualism grew and spread, there was a similar demand from many humbler beings for immortality after death. Hence arose the mystery religions such as those of Osiris in Egypt, Orpheus in Greece, and Mithras in Persia, each of which purported to teach man how to attain to a future life. The spread of the Roman Empire imported these ideas into Rome itself, where, especially in the second century, they contested fiercely for supremacy with Christianity. And no impartial observer can deny that Christianity, in winning, absorbed some of the tenets of its rivals. St. Paul sometimes used the exact phraseology of Osiris and the Eleusinian mysteries, and hymnology, particularly Cowper's, is steeped in Mithraism. At the co-conscious

stage the individual is satisfied with the continuance of the tribe, and fertility rites satisfy his religious aspirations. But at the stage of individualism he demands personal immortality. Fertility rites are regarded with grave disfavour and even disgust, and man's religious aspirations are fixed upon the next world. "In Israel, Josiah ends the fertility-religion with that sudden passionate revulsion against procreative rites which always attends such a termination, and which must show an abrupt amnesia of its own past."

And so individualism spreads and grows. In this second stage, as Aldrich says, "the group represses egotistic tendencies by forcibly imposing a conventional morality." But as more and more individuals become self-conscious, the state becomes more unstable. It has been said that civilizations do not really decay, but burst from the tension produced by the rapid expansion of individualities within its borders. This is the present and urgent problem of civilization—to give scope for individual development, and yet for the individual to fit into his place as a part of a much larger whole. It is Aldrich's third stage—not yet reached by any society, but recognized by an increasing number of persons—a stage in which the numbers of the group consciously co-operate for the common good, and not merely instinctively as in the social insects.

Bridges has a remarkable passage in the first book of the *Testament* pointing out the utter slavery of the bee, however much this may be travestied by man's sentimental approach to the subject. Such communities would be incompatible with human happiness. But individualism is not enough—it may even be but a temporary phase. What, after all, is an individual? Looking at Dr. Canti's film, where the cells are busily engaged in building up periosteum with the frantic eagerness of bees building a comb, and realizing that all the cells of our body are similarly busy, it seemed to me that when a man talks of "my" body, he is speaking much as a king speaks of "my" kingdom or "my" subjects, knowing very little of their struggles, their hopes and fears, their loves and hates, their lives and deaths. We are impressed by the instinctive knowledge of animals, but is it more striking than the instinct of the dividing ovum, each division knowing, as it were, exactly what to do. As Bridges says—

"Tis a task  
Incomparable in complexity with whatsoe'er  
The bees can boast: nor do the unshapely cells behave  
With lesser show of will, nor of purpose or skill."

Just as the solar system has an infinitesimal replica in every atom, so what we call an individual is a hive of minuter individuals. We are merely landlords for life—some of our tenants go on. But just as we contain

cells that are living their own lives, so we form part of a greater individual. H. S. Jennings, in his book, *The Biological Basis of Human Nature*, uses a striking metaphor: "Taken together, the generations constitute a great web or network. This network extends indefinitely forward and backward in time. It is formed by innumerable strands, the genes, which pass continuously through the net, which interweave and at intervals are gathered into knots, that we call individuals. From the knots, the strands again issue, separate, interweave with other strands, and form new knots, individuals of a new generation. . . . Every knot, every individual, is a new combination of strands, diverse from the combination forming any others, but containing strands that have been part of many earlier individuals . . . and will later pass to others. Of your store of genes, you may say, as Iago said of his purse, 'Twas mine, 'tis his, and has been slave to thousands.'"

While I was writing this I found a passage in a review by C. E. M. Joad of Gerald Heard's latest book, *The Emergence of Man*, which exactly expresses the idea I want to convey:

"Meanwhile man's power of apprehending the universe grows. At each stage of his development he knows only so much of the outside world as he is capable of apprehending, representing his guesses to himself under the guise of myth and legend. Hence arise religion, literature, and presently science, which is the latest form of man's guesses about the world.

"At each stage of this developing knowledge there are attempts to construct a building for the mind out of the materials which have been acquired, a shelter of absolute truths within which men may protect themselves from the impact of fresh knowledge. There have been numbers of these 'settlements,' as Heard calls them, in the history of the race, the Church, the Reformation, the French Revolution, and now Communism. The architects of each 'settlement' demand that it shall not be a resting-place but a goal. In effect they say to man's inquiring mind, 'You have found out enough. Further search is impious, or unnecessary, or foolish or impossible.' And always the developing mind of man, driven forward by the urge of life, refuses to rest in the settlement and presses forward to fresh horizons."

The next demand of evolution is clear—how to give scope for the individual as a real entity, and yet for him to form as much a part of a greater whole as the cells do of his own body. It involved a change of spirit rather than of form. Here is a task for the choicest minds, and the last part of Bridges' *Testament* shows how it occupied him, and how he felt that "our happiest

earthly comradeships hold a foretaste" of the power to "surmount humanity in some superhumanity." A very distant but not impossible goal, for we are still but 'prentice hands in the art of social relation.

You may well feel that here is a ha'porth of Bridges' bread to an intolerable deal of my own sack. But you would hardly expect a synopsis of the poem. I have merely tried to tell you something of the effect it has had on my own thoughts. I am a happier man for reading it, and if I have encouraged any of you to read this rich flowering of the wisdom of a generous, cultivated mind for yourselves, my object is achieved. At the first reading the brilliance of the imagery, the striking illustrations drawn from history, science and art may conceal how closely knit is the thought. But the remedy is simple—read it again.

## THE THYROID: CONQUESTS, FAILURES, MYSTERIES, AND MEN.\*

**T** is as one to whom grey fate has callously denied the most exquisite joy in all the world and one of life's most cherished privileges, a University education, that to-night I stand among you in sackcloth, using this apology as a smoke-screen to blind your eyes against the imperfections of the remarks which I am about to make and you are about to swallow. There has grown up around the question of the true function of a University such a wealth of literature in the form of the most elaborate researches, the most attractive theories, and the most ponderous tomes, that the uninitiated almost shudder at this holocaust of time and energy. The one definition which appeals to me because it is so simple, so unexpected and noiseless like a thief in the night is this: a University teaches its children to shun the second-rate. It is the second-rate which will constitute your menu to-night, hastily prepared by one whom the absence of a University education has maimed for life. A poor guide indeed, hobbling along on his crutches, you are asked to follow on a stroll through the weed-choked garden of medical history. Shall we stroll along the well-trodden paths, which look so pathetically honest, so respectable, so tedious, or shall we penetrate into the undergrowths, where thorns brush our faces and wily serpents wriggle in the long grass? There is promise of adventure ahead! It is the thyroid we are chasing—an elusive prey. What shall it profit a man to worry what shadowy and anæmic figure first in all history described this gland?

\* An address given to the Osler Club on October 27th, 1931.

Across the ages you can hear a monotonous and melancholy stream of talk, like an eternal lament, words, words, which vainly batter against the formidable and impenetrable barrier of time, knowledge, and intellectual superiority, only to fall back once more into the womb of silence, hollow and meaningless and dead. If you will listen carefully, you may distinguish among the innumerable voices some which are shrill and insistent, and some which are so quiet and yet strangely hold your attention. Pioneers are funny folk. The majority are so retiring, and few sport the crusading spirit. Epoch-making discoveries are not at once written across the sky in blazing letters of gold, when the cow jumps over the moon.

One of the first anatomical descriptions of the thyroid was given by Vesalius in *De Fabrica*, 1543 (Lib. vi, cap. iv). The original description I cannot claim to have studied. I am a child in scholarship. Eustachius of Rome is credited with having discovered the isthmus in 1552. The name "thyroid" was introduced by Thomas Wharton in his monograph *Adenographia*, 1656. This is a peculiar but delightful example of adult baptism in a well-advanced centenarian. Across this distance of time his views on the functions of the gland are comic: he regarded it as a cosmetic organ intended to produce a nice, soft roundness of the neck and to protect the larynx against cold. Ours is a conservative profession. The belief in a direct communication between the thyroid and the larynx, expounded by Morgagni and Santorini, lingered until the time of the Franco-Prussian War. The gland was looked upon as a lubricant of the larynx. Its excretory canal emptied in the region of the vocal cords. The theory that the thyroid is a mechanical regulator of the circulation posterity has relegated to the domain of phantasy. We have ceased to speak of it as an arterial reservoir which, when full of blood, compresses the carotid arteries and thus diminishes the blood-supply to the brain.

From time out of mind there has been known to exist a mysterious connection between the thyroid and the sex-apparatus in man and animals. To the Greeks the thyroid was the "uterus of the neck." Both in folklore and in poetry you will find references to the swelling of the gland which may follow sexual excitement. Clinicians know that its enlargement at the time of puberty may lead to a true goitre and that many of the permanent goitres start during a menstrual period. In pregnancy, swelling of the thyroid to a greater or less extent is almost universal. But as we ask ourselves the inevitable question, Why and wherefore?, we find ourselves in a devilishly cunning maze. Before we lose our way and reputation, let us escape. Come with me to Cambridge, where that giant of Physiology,

Michael Foster, founding his school of experimental physiology, attracted around him a narrow band of devoted men who had received their training in the exact sciences. One of these was Walter Holbrook Gaskell, a mathematician, destined to become Foster's greatest pupil. For many years Gaskell was interested in the evolution of the vertebrates. He was infatuated with the theory that the central canal of the vertebrate nervous system represents the lumen of a primitive gut. This was announced in its final form in his work *The Origin of the Vertebrates*, 1908, which bristles with exciting problems such as the developmental connection of the thyroid with the uterus. A simple and genial man, Gaskell enjoyed the taste of the bread of revolt but he towered above his fellows. As a lecturer, it was his good fortune to teach subjects which he had made essentially his own and which were very near to his heart. His lectures, quietly given and innocent of verbiage, were popular, inspiring, and to some even thrilling. The strength and the weakness of Gaskell the scientist lay in his generalistic attitude, which sometimes led him to victory and sometimes led him astray. It may be said of him that while he was making his own observations in the scientific atmosphere of his laboratory, his imagination was kept from running wild by the experiments which he devised to put his theories to the test. But when he ventured forth on the highroad of morphology, where he flirted with wider generalizations, he had to take as his guidebook the work of other men. And that way danger grinned.

While civilization has brought in its train a host of new diseases, of goitre it may be claimed that it has been a familiar affliction for countless generations. But its early history is as confused as it is voluminous. The Atharva Veda, a Hindu collection of incantations dating back to 2,000 B.C., contains numerous exorcisms against goitre. Cæsar alludes to the frequent occurrence of "big neck" in the Gauls. Judging by Juvenal's query (13, 162): *Quis tumidum guttur miratur in Alpibus?*, by the first century A.D. goitre had become proverbial and no longer excited curiosity. The Romans realized the relation between exophthalmos and physical incapacity: experience had taught them that a slave with bulging eyes was a poor purchase. Thus through the centuries we trace the slow and painful story of the recognition of goitre. But on every page of history we must beware of gate-crashers. So often cervical adenitis and scrofula masquerade in the literature as goitre. Come in, thou wife of Jeroboam: why feignest thou thyself to be another?

The etiology of the goitres has ever been keenly contested. Pliny believed that one form was caused by impurities in the water-supply. "Only men and



swine are subject to swellings in the throat, which are mostly caused by the noxious quality of the water they drink." Though in our enlightened 20th century goitre is no longer accepted as a dispensation of Providence, its causation remains obscure.

In 1900 there went out to India a young Irishman, Robert McCarrison, who was destined early to meet on a large scale a disease which has interested him all his life. For his first appointment as medical officer at a little hill-station in the Himalayas gave him rich opportunity for the epidemiological study of goitre. While many of his colleagues spent their leisure in search of big game, McCarrison devoted his spare time to visiting remote valleys in search of goitrous patients. He demonstrated the increasing incidence of goitre in villages situated one above the other in the grossly polluted open irrigation-channels which intersect the Gilgit Fan; the freedom from goitre of the Kashmir troops who drank river-water; the occurrence of goitre in soldiers who in defiance of standing orders drank the polluted waters; finally the action of intestinal antiseptics in curing cases. In himself he experimentally produced goitre by swallowing the suspended matter from the irrigation-channels traversing the most goitrous village. Let us pause for a moment. The ghostly hand of Pliny and the robust hand of McCarrison meet in a firm grip.

The operative story of goitre is fully and eloquently told by W. S. Halsted. I must refer you to his paper in the *Johns Hopkins Hospital Reports*, 1920, xix, 71-257 (reprinted in his *Surgical Papers*, 1924, ii, 257), with a careful bibliography enlivened by short but appropriate quotations. Some of the early references are extremely doubtful and capable of misconstruction. In its beginning, the operation was performed by ignorant persons. Intoxicated men removed large portions of their tumours without apparent ill effect. A barber performed a successful thyroidectomy on his wife for cosmetic reasons. Celsus is said to have extirpated goitres as early as 45 A.D. but he was a confirmed pessimist: "whether treated by the knife or by medicines, they generally reappear near the old cicatrices." He doubtless refers to tuberculous cervical glands. The following quotation from *De Medicina* (trans. A. Lee, 1831, v, xxvii) is of interest: "It has been known by the experience of some rustics that a person has been freed from struma by eating a snake."

In this country, Sir William Blizzard was the first in 1811 to ligature the superior thyroid artery in an attempt to cure a goitre, but hæmorrhage due to sepsis quickly killed his patient. One of the boldest surgeons who have ever lived, Robert Liston, was so terrified by the

vascularity of a goitre that he dismissed extirpation as "a proceeding by no means to be thought of." A thyroidectomy in the days before the birth of Lister and the artery-clamp must have been a bloody enterprise. Billroth who is credited with having injured the recurrent laryngeal nerve 31 times in 84 patients about 1870 gave up operating for goitre because of the terrible risk of sepsis. Later his experience in antiseptic technique increased his confidence. As late as 1866 W. W. Greene wrote in the *New York Medical Record* (1, 441): "It is well understood by the members of the profession that extirpation of an enlarged thyroid gland is one of the most fearful operations ever undertaken by the surgeon. While there is always great danger from shock, secondary hæmorrhage, inflammation of the cervical vessels and of the œsophagus and respiratory organs, the danger which overshadows all others, hanging like a thunderbolt over patient and operator, is terrible and uncontrollable hæmorrhage."

In the development of thyroid surgery Halsted accords Kocher the leading rôle. Kocher was an early advocate of the operative treatment of exophthalmic goitre and the first to describe in 1883 the condition of cachexia strumipriva following total thyroidectomy. "Of operators," Lord Moynihan says, "there are many types, and like every other work of art, an operation is the expression of a man's temperament and character." As an operator Kocher was deliberate and compared with many was inclined to be slow, but he was infinitely careful, a master of minute dissection. He was a small, aristocratic man, with rather prominent teeth, of which he was self-conscious. Though his voice was gentle, the sarcasm of his humour could be biting but the grace of its infliction was above reproach. In the brilliant galaxy of thyroid pioneers, his star shines and sparkles with undiminished radiance.

What shall I tell you of W. S. Halsted, the surgeon, the scientist, the man? Though he spent much of his time trying to avoid patients and students alike, yet in his quiet and often halting way he founded in his country a school of surgery to be compared only with that of Billroth in Vienna. He is the Father of the Surgery of Safety. To him above all others we owe our familiarity with the remote past of goitre-surgery. Though he perfected an operation of thyroidectomy which specifically bears his name, his signature is writ large on more than one page of the history of thyroid endeavour. In his youth he was full of physical and intellectual vigour and the joy of life. Then came his tragic breakdown due to his experimental cocaine habit. In his later years he was almost bald. He had a drooping moustache, with a tuft of hair growing from his lower lip. Short-sighted, of timid aspect, something of a recluse,



aristocratic in manners and outlook, Halsted the man was a lonely figure. Though he could wax expansive with a few chosen intimates, the majority of men he kept at a distance by his caustic wit and his icy courtesy. A devotee of the dictionary, he was intrigued by long and unusual words. All his suits he had made in London, while his shirts were sent to Paris to be washed. Like many dry and reserved men, Halsted was fond of playing practical jokes. Once, returning from Germany, he made a formal appearance at a medical dinner of the Maryland Club as the personal representative of the Kaiser to confer the Order of the Red Eagle of the Second Class on one of his colleagues. The recipient was overcome and responded in a dignified speech, when it leaked out that Halsted had bought this order in a Berlin pawnshop.

Historians reverently speak of Halsted as the man who introduced rubber gloves into surgery. Will it come as a shock to some of you to learn that at first he used gloves merely with the idea of protecting the hands of his theatre nurse whose skin was particularly susceptible to mercuric chloride solutions then in fashion, rather than to eliminate the operator and his assistants as formidable sources of sepsis? So you see, in medical history as in jurisprudence, *Cherchez la femme* is the golden rule. What does a man not do for his favourite nurse? Into the well-planned life of this pedantic cynic fate had brought a touch of romance, so fresh, so invigorating, that it made old Halsted sit up and sneeze with excitement and surprise. His theatre nurse was a great beauty, full of high spirits, and a very good nurse. And Halsted looked at her, and behold! his years fell lightly off his bent shoulders; and he forgot the red mark which the evil drug had left upon his soul like the touch of a bloody hand. And all at once his busy life seemed so empty, and no longer out of his work could he suck abiding satisfaction. Whenever he looked down his microscope, his thyroid preparations became blurred and mocking. Nothing but visions he saw of "the face that launched a thousand ships and burned the topless towers of Ilium." To the end of his days Halsted never ceased to express surprise that she could have married a person so unworthy of her as himself. Happily married, he passes out of the chapter.

Iodine, discovered in 1811 by Courtois, a chemist in Paris, was first used in the treatment of goitre by the Swiss physician Coindet in 1829. In 1895, impressed by the similar action of iodine and thyroid, Kocher unsuccessfully analysed the thyroid for iodine. This was discovered in the same year by Eugen Baumann of Freiburg in B. Kendall was the first in 1914 to isolate from the gland a crystalline substance, thyroxin, containing 60% iodine.

There are so many others, great and small, of whom I ought to speak to-night, but historical boredom quickly and surely leads to fatigue, and fatigue to exhaustion. So let their remembrance pass away with a happy sigh, like sleepy children saying good-night.

In conclusion, just a word about exophthalmic goitre. Are we to-day so very much nearer to the solution of its mystery than they were in the days of the Roman Empire? Glibly we talk of various etiological factors, such as focal sepsis, psychical trauma, and sexual imbalance. And yet the vast army of goitrous patients who invade your consulting rooms does not appear to diminish greatly in strength. The thyroid is full of unsolved mysteries. If the pituitary gland is the leader of the endocrine orchestra, where does the thyroid come into the story? What is it that makes one man a dynamo of explosive energy, and another man floats like a dead leaf on the mighty torrent of life? Behold, I will show you a mystery. But enough! We want a peep into the minute ahead, not the minute that is past. This I think will be the greatest service the history of medicine can ever render to medicine: from a conscious and philosophic understanding of the past to allow it a peep into the minute ahead. But this is a vision as beautiful as a star and as remote. It is certainly heroic. In the very end, when the historian takes the last fatal plunge into the waters of extinction, perhaps some tiny voice of a Peter Pan will cheer him as he disappears into the night: Farewell, you not entirely unheroic figure, farewell! W. R. BETT.

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### ABERNETHIAN SOCIETY.

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A meeting of the Society was held at 8.30 p.m. on Thursday, December 3rd, 1931, in the Medical and Surgical Theatre, with the President, Mr. Kersley, in the chair. Dr. H. Crichton-Miller gave an address on "Social Evolution and Birth Control" before a large audience of members.

Dr. Crichton-Miller dealt mainly with the theoretical aspects of this much-discussed subject, and gave a vivid outline of its future effects upon the race and of its use in solving many of the social problems of the present day. Prof. Woollard, in proposing the vote of thanks, said how much more important it was for the members of the Society to know about birth control than about appendicitis, for the former concerned the future of the race, while the latter was of temporary importance. This was seconded by Mr. C. H. S. Harris.

A Clinical Evening was held in the Abernethian Room on Thursday, December 10th, when 17 members of the Society were present, the Vice-President, Mr. Rodgers, being in the chair. Mr. Rodgers gave an interesting account of his experience and views on "Septic Fingers," and dealt fully with the pathology, aetiology and treatment of the condition. In a discussion which followed Mr. Rodgers's remarks, several members expressed their opinions on the subject, and asked questions relating to it.

## STUDENTS' UNION.

## RUGBY FOOTBALL CLUB.

## ST. BARTHOLOMEW'S HOSPITAL v. REDRUTH.

Played on Saturday, November 21st. This eagerly awaited match at Winchmore Hill was favoured with glorious weather, and Redruth, who were making their first appearance in London, brought three charabanc-loads of supporters to cheer them on. Consequently it was no surprise that the "gate" was the largest for years, and the enthusiasm of the crowd was in proportion to its size.

Bart's kicked off and play remained in mid-field for a time, neither side being able to make much headway. However, at the end of five minutes J. T. C. Taylor made a characteristic "steal-away" from the base of the scrum, and only a timely tackle by K. Williams brought him down a yard short of the line. From the ensuing scrum Redruth heeled, and J. Andrew, hampered by the Bart's wing-forwards, was forced hurriedly to pass back, with the result that the ball, instead of reaching a colleague, rebounded from the goal-post for B. S. Lewis to gather it and score between the posts. W. M. Capper converted (5-0).

Redruth soon reduced the lead, however, for during a line-out in the Hospital half Bart's were penalized, and R. Jennings kicked a fine goal from the touch-line (5-3). The Cornish forwards had now settled down, with the result that their backs were receiving many more chances; Rule, Rogers and Jennings showed cleverness and good understanding in attack, but Bart's defended well, and it was some time before Jennings broke through; then he raced up to the full-back, and had he gone on upon his own he might well have given Redruth the lead, but he passed to Hicks, and Thomas was able to bring off a good tackle to save the situation. After many fruitless attempts by Bart's to give their wings an opportunity, an inside pass from L. M. Curtiss to a forward started a quick passing movement, in which Thomas, Mundy, Capper, Lewis and Darmady also joined, which completely baffled the "Reds" defence, for the last-named to score. Capper failed to convert (8-3). Shortly afterwards a similar hand-to-hand movement among the forwards again spread-eagled the visitors' defenders, and J. G. Youngman took the final pass and sprinted over in the corner for a try which J. G. Nel converted with a magnificent kick (13-3). Nothing daunted, Redruth forced their way into the Hospital half, and only timely tackles of Jennings by Beilby and Taylor kept them out. The relief obtained was, however, only temporary, for a good breakaway by J. Andrew gave H. Curnow the chance to force his way over far out. Jennings's kick was an excellent one (13-8). From now until close on half-time the battle raged chiefly in mid-field, but before the interval Bart's went further ahead, when Taylor put in a very neat dribble down the touch-line, which ended with a most favourable bounce, and enabled R. Mundy to fight his way over in the corner. Nel made a great effort to convert, but his kick hit the upright.

Half-time: Bart's, 16; Redruth, 8.

Redruth rearranged their three-quarter line at half-time, Rogers going on to the wing and Curnow coming into the centre, but the improvement in the visitors' play in this half was due almost entirely to the great work of their scrum, which was much more in keeping with the traditions of Cornish forward play than their first-half display had been. In fact it is no exaggeration to say that for the first twenty minutes of the second half the Hospital pack did not heel the ball from the tight upon a single occasion. Consequently the whole team was called upon doggedly to defend, being penned in our own half for long periods, while Jennings and his men tried every means of breaking through. With a quarter of an hour remaining for play Andrew broke away on the open side from a scrum, entirely unopposed, and running up to the full-back, he passed to Rule, who scored between the posts. Jennings converted (16-13). Four minutes later Jennings at last managed to elude Beilby, who had held him in check very creditably, and though grasped by two defenders, he was able to force his way over for a try. It seems almost unnecessary to record the result of his subsequent attempt at conversion! This put Redruth in front for the first time (16-18). The Hospital now rearranged their pack, and from the next scrum we heeled it cleanly at last and the backs immediately showed their gratitude, for Taylor sent Kingdon away, and crisp passing gave the ball to Thomas, who sprinted down the touch-line, punted over the full-back's head and then raced for the touch-down with Curtiss and Jennings. Jennings and Thomas fell over in a heap in a

desperate dive for the ball and Curtiss was able to get his hand on to it. The kick failed. "No-side" was blown very soon afterwards.

Result: St. Bartholomew's, 2 goals, 3 tries (19 pts.); Redruth, 4 goals (1 penalty) (18 pts.).

This was quite one of the most enjoyable and sporting games contested at Winchmore Hill, and was reminiscent of the Otley match, and it is pleasant to be able to record that the fixture is to be repeated in London next season.

Team.—J. G. Nel (*back*); D. M. E. Thomas, L. M. Curtiss, F. J. Beilby, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); W. M. Capper (*capt.*), J. R. R. Jenkins, B. S. Lewis, J. M. Jackson, R. Mundy, K. J. Harvey, D. W. Moynagh, E. M. Darmady (*forwards*).

## ST. BARTHOLOMEW'S HOSPITAL v. DEVONPORT SERVICES.

Played at Devonport on November 28th.

Owing to the late arrival of the train Bart's were forced to change in their compartments and to dash on to the field with a minimum of delay. This fact, coupled with the length of the journey and the heavy state of the ground, caused the team to cut rather a poor figure for the first quarter of an hour; consequently it was fortunate that J. T. C. Taylor, by means of some very good defensive kicking, saw to it that the Services did not obtain any substantial lead before we found our feet. Devonport were unlucky on one occasion early on, for good combination between Davies and Bailey gave Walsham a chance to go through, and the latter, when challenged by Nel, kicked ahead and appeared to touch down for a try, but a 5 yards scrum was ordered. Bart's were obtaining the ball scarcely at all from the scrums at this stage and the Services were attacking constantly, and at the end of ten minutes' play Attwood put them ahead with a good penalty goal (0-3). Bart's now began to find their form and L. M. Curtiss made a good break through, only to see Thomas pushed into touch just short of the home line. Soon afterwards Curtiss again cut through in fine style, but Bailey tackled him very well and smothered his pass. The Hospital were now attacking vigorously, and a little more steadiness in finishing would have earned at least two tries. B. S. Lewis was prominent at this stage with two good tackles of Bailey, the Services stand-off, and he also put in a good run which nearly led to a score. However, so great was the pressure exerted by Bart's that it seemed certain that equalizing could only be a matter of time, and after D. M. E. Thomas had just failed to take advantage of two good chances, a wild kick by a defender gave Nel a chance to open up the game to the left; this he did, only to see the movement break down, but quickly securing the ball again he cleverly changed the direction of the attack to the right, with the result that J. R. Kingdon gave Thomas a quick pass, for the latter to squeeze over by the corner flag.

Half-time: Devonport Services, 3; Bart's 3.

Bart's restarted the second half in very lively fashion and play was for the most part in the Devonport half, so it was no surprise when, after seven minutes' play, the Hospital took the lead, for a quick passing movement in which Mundy, Taylor and Darmady also took part ended in Jenkins scoring. Capper's kick failed (6-3).

From the kick-off, Mundy, in trying to field the ball, had one of his fingers broken, but pluckily continued playing, and Bart's soon had the ball back in the home team's "25" as the result of some good forward rushes and excellent work by Taylor, who was playing quite his best game to date. Bart's were now reduced to seven in the scrum, but this merely seemed to stimulate them to still greater efforts, with the result that the Services were quite outplayed and seldom penetrated into our half of the field, and when they did, the tackling of the Bart's backs was very sound. Ten minutes from the end B. S. Lewis completed a very good display by scoring an excellent try which ended with a spectacular dive for the line, and E. M. Darmady kicked a goal (11-3). During the last few minutes of the game the Services made desperate efforts to score, but the Hospital defence was too steady for them to break through, and the final incident was a Bart's forward rush, which carried play from our "25" almost to the Devonport line.

Result: St. Bartholomew's, 1 goal, 2 tries (11 pts.); Devonport Services, 1 penalty goal (3 pts.).

No description of this match would be complete without a reference to the fine leadership and forward play of W. M. Capper, which was a great inspiration to the rest of the team.

Team.—J. G. Nel (*back*); D. M. E. Thomas, L. M. Curtiss, F. J. Beilby, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor

(halves); W. M. Capper (capt.), J. R. R. Jenkins, B. S. Lewis, R. Mundy, J. M. Jackson, K. J. Harvey, D. W. Moynagh, E. M. Darmady (forwards).

#### ST. BARTHOLOMEW'S HOSPITAL v. ROYAL NAVAL ENGINEERING COLLEGE (KEYHAM).

Played at Devonport on Monday, November 30th. The College, who have had a good season and took Torquay Athletic's ground record a week or two ago, were at full strength, but Bart.'s, owing to the fact that two of their forwards had been injured on Saturday, were forced to rearrange their team. The weather was good, but the ground was still heavy when Capper kicked off for Bart.'s, and the College backs showed cleverness in attack from the outset, with the result that Bart.'s were forced to defend desperately. However, good work by Taylor and Kingdon enabled J. D. Powell to put in a good run, which he finished off with a lengthy kick to touch. Having thus obtained a footing in the College half, Bart.'s were able to maintain their position by means of quick heeling by the forwards, followed by smart touch-kicking by Taylor. Eventually Evans and Hawkins led a College rush which took play to the Bart.'s "25," and here Walsham looked very dangerous on two occasions, but Kingdon, Curtiss and Thomas showed up well in defence, and long kicks from Taylor and Capper gave the Hospital relief. From a line-out in midfield Briggs, Capper and Darmady led a rush to the Keyham line, and from the ensuing loose scrum L. M. Curtiss suddenly appeared on the "blind side" with the ball, to run over quite unchallenged. [It was a try reminiscent of that scored by Bettington in the cup-tie against St. Mary's in 1928, when everyone, including the scorer, looked surprised.]

The kick failed (3-0). The Bart.'s pack were now displaying more liveliness, and aided by Taylor's accurate touch-kicking they kept Keyham on the defensive, with the result that ten minutes before half-time the Hospital increased their lead. From a scrum outside the College "25" Taylor sent Kingdon away, and the latter started to run across the field for about 20 yards, then just when he appeared to be herding his three-quarters into touch, he changed direction with great speed, and darted through the defence to give J. D. Powell a clear run in. Darmady's kick failed (6-0). Until half-time Keyham set up almost incessant attacks, and it was mainly due to the defensive kicking of Taylor and Kingdon that Bart.'s were able to hold out until the interval.

Half-time: Bart.'s, 6; R.N.E.C., nil.

For the first quarter of an hour of the second half the College literally lived on the Bart.'s try-line, and great credit is due to the Hospital team for the way in which they defended. These were nerve-racking moments for Bart.'s supporters, for first Hawkins and then Laman got over our line, only for a 5-yards scrum to be awarded in each case. Owing to an injury to Thomas, a further reconstruction of the team had been necessitated. Kirkwood, who, owing to the shortage of forwards, had been playing in the pack, came into the centre, while Fairlie-Clarke went out on to the wing and Thomas took Kirkwood's place in the pack. After several gallant efforts by Powell and Curtiss to break away Keyham's pressure bore fruit, for Kirby, who had been playing very well on the left wing, darted over for a try, which was not converted (6-3).

Keyham continued to attack, but Bart.'s "closed up" the game as much as possible, with the result that play, although exciting enough to the partisan, must have been rather uninteresting to the casual spectator. Curtiss and Fairlie-Clarke combined well on two occasions, while Briggs and Lewis headed some forward dribbles, but for the most part, favoured by the slope, the College did the attacking and Kirby was a constant source of danger, while Malim several times dodged his way through from full-back in a disconcerting manner. The College made tremendous efforts to draw level, but Taylor's kicking, as in so many of our closest cup-ties, must have been almost heart-breaking to the opposition, and certainly brought much-needed rest to our tired and depleted forwards.

Play was in mid-field when "no-side" was blown, and thus Bart.'s were successful in winning both matches for the first time since this week-end trip commenced.

Our most hearty thanks are due to the R.N.E.C. (Keyham) for the splendid way they entertained us over the week-end.

Result: St. Bartholomew's, 2 tries (6 pts.); R.N.E.C., 1 try (3 pts.).

Team.—J. G. Nel (back); D. M. E. Thomas, L. M. Curtiss, G. A. Fairlie-Clarke, J. D. Powell (three-quarters); J. R. Kingdon, J. T. C. Taylor (halves); W. M. Capper, B. S. Lewis, J. M. Jackson, K. J. Harvey, E. M. Darmady, D. W. Moynagh, G. D. S. Briggs, R. M. Kirkwood (forwards).

#### ST. BARTHOLOMEW'S HOSPITAL v. NORTHAMPTON.

Played on December 5th. Both sides were rather depleted for this game at Winchmore Hill, Bart.'s owing to injuries, and Northampton through the absence of players taking part in the International Trial. The weather was dull but fine at the start, and for the first twenty minutes Bart.'s were subjected to heavy pressure, and had the visitors taken advantage of their opportunities they might well have scored on two or three occasions. Northampton were securing the ball frequently in the scrums, and J. Millward, their diminutive scrum-half, was giving his partner some excellent passes, while J. H. Treen frequently looked dangerous, but the Hospital defence was sound. The Bart.'s pack, although outweighted, were doing very well, and by means of good dribbling, backed up by the clever kicking of J. T. C. Taylor, they worked their way up the field to the half-way line. Here, following a line-out, Curtiss and Beilby made a lot of ground before handing on to J. D. Powell, who ran strongly on the left wing, and then put in an accurate cross-kick. Northampton, however, saved at the expense of a scrum five yards from their line. From this scrum Bart.'s secured the ball, and Taylor, feinting to pass to the open side, suddenly darted round the "blind side" and passed to Powell, who crossed the try-line, but too far out for Nel to convert (3-0). The Bart.'s forwards were now obtaining a much better share of the ball from the scrums than hitherto. L. M. Curtiss made a clever run, and from the ensuing scrum the ball travelled along the line to F. J. Beilby, who gave J. G. Youngman a perfect pass which enabled the latter to show his speed and easily outstrip all opposition. E. M. Darmady converted with a good kick.

Half-time: Bart.'s, 8; Northampton, nil.

Rain now set in and made the conditions unpleasant, for the ground soon became churned up, while accurate handling was rendered difficult. Under these circumstances the Hospital forwards gave an excellent display, for the heavy going might well have enhanced the chances of the visitors' powerful pack, including, as it did, five East Midlands county players. As the game went on, however, Bart.'s gradually obtained possession in the scrums more and more frequently, while Taylor behind them was in great form, his defensive kicking being first rate, and he never neglected an opportunity of opening up the game; in fact, the duel between Millward and Taylor was quite the most interesting feature of the game, and all the more because they both appeared to be enjoying it so thoroughly.

For the greater part of this half both sides attacked in turn, with the home side appearing rather more effective and dangerous. It was, however, Northampton who scored next, for following a good three-quarter movement A. D. Daniels was obstructed when about to dribble over the line and V. Watkins kicked a good penalty goal (8-3). Soon afterwards J. D. Powell was almost over for Bart.'s but Knott forced him into touch on the corner flag. The visitors started a passing movement on the left but Youngman intercepted cleverly, and going at a great pace ran quite 50 yards to score a brilliant try. W. M. Capper converted (13-3). The "Saints" never gave up trying, and a forward rush led by M. Jelley and A. D. Matthews led to a scramble on the Hospital line, during the course of which Matthews secured the touch-down. The kick failed.

Result: Bart.'s, 2 goals 1 try (13 pts.); Northampton, 1 penalty goal 1 try (6 pts.).

Team.—J. G. Nel (back); J. G. Youngman, F. J. Beilby, L. M. Curtiss, J. D. Powell (three-quarters); J. R. Kingdon, J. T. C. Taylor (halves); W. M. Capper (capt.), B. S. Lewis, E. M. Darmady, J. M. Jackson, K. J. Harvey, D. W. Moynagh, G. W. Hayward, G. D. S. Briggs (forwards).

#### ST. BARTHOLOMEW'S HOSPITAL v. OLD CRANLEIGHANS.

Playing their sixth game in the space of three weeks it is small wonder that the Hospital looked a stale and lifeless team in this match at Thames Ditton, and that we were unable to stem the virile attacks of the Old Cranleighans. For the first time this season we were without W. M. Capper, and his inspiring leadership and robust line-out work were greatly missed. Other absentees were R. Mundy and L. M. Curtiss.

The Old Boys went off with a rush, and within two minutes a good goal dropped by G. R. K. Lee gave them the lead (0-4). Stung by this early reverse Bart.'s fought back with spirit, and for a quarter of an hour played good football. The forwards put in some excellent rushes, in which B. S. Lewis, K. J. Harvey and E. M. Darmady were particularly prominent, and as the result of one of these Lewis put in a good run, and when challenged by the full-back passed to



G. D. S. Briggs, who crossed the try-line. A 5-yards scrum was ordered, however. Nothing daunted Bart's heeled smartly, and Taylor started a "blind" side-movement which ended in J. D. Powell scoring far out. The kick failed (3-4). Bart's still held the upper hand, and consequently it was no surprise when Taylor sent his backs away smartly to see J. G. Youngman, receiving the ball at half-way, make a great run down the touch-line to give the Hospital the lead (6-4).

Bart's now appeared to have taken the measure of the opposition, but such expectations proved premature, for two Old Cranleighans tries, which from our point of view can only be described as "unfortunate," were scored in quick succession before half-time. The first of these followed a good forward dribble, which took play from the Hospital line nearly to the centre of the field; here the forwards heeled when checked, only to see the Old Boy forwards dribble away and start a movement, which ended in Goodall scoring an unconverted try (6-7). Hartley, the Cranleighan left wing, secured the other by intercepting a rather careless pass from the right centre to the right wing, and easily outpacing the defence. Lee converted.

Half-time: Old Cranleighans, 12; Bart's, 6.

The Old Cranleighans showed marked superiority from the start of the second half, and Bart's looked a very lifeless team, the forwards, in particular, being constantly beaten for possession in the line-out, and showing signs of missing Capper's presence. On the few occasions upon which the Hospital pack did give Taylor the ball, the latter's efforts to set his backs going were, it must be frankly stated, frequently nullified by the stand-off half's habit of running across the field, which resulted in the centres being bunched up together and given no room at all to work in. This meant that both Powell and Youngman, the two main scoring forces of the side, were left idle from the attacking point of view practically throughout this half of the game. In defence, however, the backs all did their part nobly, and with the forwards badly outplayed there was certainly plenty of tackling to be done. It was not until a quarter of an hour from the end that the Cranleighans were able to break through, but then Goodall and Miles scored in quick succession. Lee converted the last try (6-20). Faced with overwhelming defeat, Bart's roused themselves from their lethargy, and with Taylor making heroic efforts to find a gap in the Old Boys' defence, play was gradually transferred to the home team's "25." The handling and backing up of our forwards was not up to its usual standard, however, so Taylor's efforts might have been in vain but for J. D. Powell's eye for an opening. For, following a poorly conceived movement by the backs the ball was dropped on the ground, whence Powell picked it up smartly, and catching the defence on the wrong foot, swerved through most of the Old Cranleighan team to score between the posts. The place-kick was not a very successful effort.

Result: Old Cranleighans, 3 goals (1 dropped) 2 tries, (20 pts.); Bart's, 3 tries (9 pts.).

Bart's need not be disheartened by this defeat, for most of the team were suffering rather obviously from a surfeit of football. Moreover, the Old Cranleighans proved themselves to be a speedy and well-balanced side, and, as their record shows, a difficult one to beat.

Team.—J. G. Nel (*back*); J. G. Youngman, F. J. Beilby, G. A. Fairlie-Clarke, J. D. Powell (*three-quarters*); J. R. Kingdon, J. T. C. Taylor (*halves*); J. R. R. Jenkins, B. S. Lewis, E. M. Darmady, J. M. Jackson, K. J. Harvey, D. W. Moynagh, G. W. Hayward, G. D. S. Briggs (*forwards*). J. R. R.

#### ASSOCIATION FOOTBALL CLUB.

1st Round, London University Cup, 1931-32.

ST. BARTHOLOMEW'S HOSPITAL v. BATTERSEA POLYTECHNIC.

Played at Winchmore Hill on Saturday, November 21st.

Shackman and Hunt were kept out of the side by injuries, and their places were taken by Owen and McGladdery.

Bart's, as usual, were slow to settle down, and at first the visitors had the best of the game, keeping the Hospital defence busy for the first ten minutes, but never really threatening to score. Bart's eventually got away on the right, and kept up a good pressure, but lack of finishing power near goal spoiled the good approach work. Bart's attacked for some minutes, the occasional attacks by the visitors being broken up by the Hospital backs, who played very well throughout. After some twenty minutes' play a good centre from Dolly was met by Gilbert, who had no difficulty in scoring from close in.

The rest of the half was even, with Bart's the more dangerous near goal, though Johnson made one good save from a well-placed ground shot. There was no further score before half-time.

The second half opened with Bart's attacking with great vigour. Gilbert and Wheeler were, as usual, combining well on the right wing, while Owen seemed to have settled down, and was distributing the ball well. Nevertheless, the game developed into rather an uninteresting one, and slowed up considerably, until Howell scored from the edge of the penalty area. This put some life into the game, and Bart's kept up a hot pressure. Dolly had hard luck with a good header, which hit the inside of the post, but came out. Bart's certainly deserved to increase their lead, but it was some minutes before they scored a third goal, a shot from Howell going in off one of the visiting backs. Immediately after this Bart's went further ahead, when the visiting goalkeeper allowed a centre from Gilbert to cross the line for an easy goal. The visitors attacked for the rest of the game, but were not allowed to become really dangerous near goal. Thus Bart's secured a clear and very creditable victory. A feature of the game was the good form shown by the Hospital backs and wing-halves, McGladdery being outstanding in defence.

Result: Bart's, 4; Battersea Polytechnic, 0.

Team.—D. J. Johnson (*goal*); J. Shields, R. McGladdery (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, W. A. Owen, G. H. Brookman, R. C. Dolly (*forwards*).

#### ST. BARTHOLOMEW'S HOSPITAL v. OLD MERCERS.

Played at Winchmore Hill on Saturday, November 28th.

The pitch was very slippery for this game, and conditions were all in favour of heavy scoring. The visitors pressed vigorously from the start, and went ahead after two minutes' play, through a nice cross-shot by their outside-right. Bart's carried the ball into their opponents' goal-mouth straight from the kick-off, and Gilbert came near to scoring. However, the Old Mercers retaliated, and soon added two goals through their centre-forward and inside-left. They were thus three goals up after less than fifteen minutes' play, and Bart's appeared to be in a hopeless position. The Hospital set up a determined attack, however, Hollinrake setting the right wing in motion, and Shackman headed a neat goal from Gilbert's centre. Bart's continued to have more of the game, even though the visitors broke away and scored a fourth goal, and Owen soon scored after a really good combined movement on the left wing. The Hospital kept up the pressure, and just before half-time were rewarded when Gilbert scored his fifth goal in three matches, from another centre by Dolly. The score at the interval was 4-3 in the visitors' favour.

The second half opened at a fast pace, the ball travelling from end to end with great speed. The Mercers added to their score after ten minutes, but Bart's fought back in creditable fashion, and Shackman scored again. The Hospital continued to attack with determination and vigour, Hollinrake being prominent in the vigour of his tackles. Bart's had the best of the game for some time, but could not equalize, and the visitors suddenly broke away and scored once more. The game was more even after this, but the visitors scored a seventh goal from a fine shot by their inside-right. This brought an end to the scoring, and, although beaten by a large margin, Bart's deserve praise for the manner in which they fought back after being in a seemingly hopeless position. The game was far more even than the score would indicate.

Result: Bart's, 4; Old Mercers, 7.

Team.—D. J. Johnson (*goal*); J. Shields, R. McGladdery (*backs*); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (*halves*); R. G. Gilbert, F. E. Wheeler, R. Shackman, W. A. Owen, R. C. Dolly (*forwards*).

#### 2nd Round, London University Cup.

ST. BARTHOLOMEW'S HOSPITAL v. LONDON DAY TRAINING COLLEGE.

Played at Winchmore Hill on Saturday, December 5th.

Following the heavy rains of the previous week the pitch was in very muddy state for this game, and conditions were all against good football. Bart's made only one change, Brookman returning to inside-left.

The visitors kicked off and the game soon developed into a mid-field scramble, neither side securing a definite advantage, the attacks by both teams being foiled by the mud, and by the first-time kicking of the opposing backs. Hollinrake was the best of the Hospital half-backs, but there was very little intelligent football on either side. The visiting goalkeeper saved one or two shots, and Gilbert



and Shackman both had bad luck with good attempts, but Bart's were unable to keep up a dangerous attack for any length of time. There was no score before the interval.

The second half continued even, with the appalling conditions keeping the game under their control. No goals were scored, and neither side appeared likely to score at any time. It is doubtful whether Johnson had a direct shot to save, and, although the visiting goal-keeper was occasionally brought into action, he was not seriously troubled. The Hospital attack suffered from the weakness of the extreme wings, neither of these forwards being able to centre the ball accurately. A goal-less draw was a very fair result to an uninspiring game, the only consolation being that the Hospital, at any rate, are capable of much better football, and may expect to put up a more worthy performance when the tie is replayed early in January.

Result: Bart's, 0; London Day Training College, 0.

Team.—D. J. Johnson (goal); J. Shields, R. McGladdery (backs); A. Hollinrake, D. R. S. Howell, W. M. Maidlow (halves); R. G. Gilbert, F. E. Wheeler, R. Shackman, G. H. Brookman, R. C. Dolly (forwards). D. R. S. H.

### HOCKEY CLUB.

#### Hockey Results up to date.

1st XI.—Played 11, won 5, lost 5, drawn 1.

2nd XI.—Played 10, won 5, lost 5, drawn nil.

3rd XI.—Played 7, won 2, lost 4, drawn 1.

#### 1ST XI v. EMMANUEL COLLEGE, CAMBRIDGE.

Played at Cambridge on November 21st. Won, 1—0.

The Hospital were without three of their regular players, including their captain, so did well to win this game. The ground played well considering the amount of rain that had fallen, and the hockey was fast and interesting. In the first half, though we had the best of the game and were attacking strongly, yet the forwards were not playing well together, and the wings had little to do for lack of passes from the centre. At half-time neither side had scored, but the bringing in of Davidson from the right wing to play centre-forward soon made a difference in our attack. The game opened up better, and as a result of some good play by the forwards Symonds scored our first and only goal. Following this, Bart's had bad luck in not scoring again, and for the most part the ball was in our opponents' half until the whistle blew for time.

Team.—H. L. Hodgkinson (goal); K. W. Martin, D. Gale (backs); V. C. Snell, A. D. Iliff, B. Thorne-Thorne (halves); R. T. Davidson, J. W. Symonds, E. W. Burstal, L. Heasman, J. Lockett (forwards).

#### 1ST XI v. SURBITON II.

Played at Surbiton on December 5th. Won, 4—0.

A fast and interesting game on a somewhat heavy ground, which, however, played far better than we had expected. The Hospital were again without two of their team, but Thorne-Thorne, who came in at half, played an excellent game; and Snell, playing in an unaccustomed position at left back, also playing well. Our defence was seldom in trouble, and the forwards got together better. Goals were scored by Hay-Shunker (2), Symonds and Heasman.

Team.—H. L. Hodgkinson (goal); K. W. Martin, V. C. Snell (backs); B. Thorne-Thorne, A. D. Iliff, J. H. Hunt (capt.) (halves); E. H. Smyth, J. W. Symonds, C. L. Hay-Shunker, L. Heasman, J. Lockett (forwards).

#### 1ST XI v. R.N.C., GREENWICH.

Played at Greenwich on Saturday, December 12th. Won, 2—1.

A fast and interesting game, spoilt by too much whistle—free hits both for and against us were numerous, and the offside rule was somewhat rigidly enforced. The Hospital missed Martin at back, but Snell again showed up well in that position, and Hindley played an excellent game. Both wings sent across some good centres, of which the insides failed to take advantage, usually because they were out of position. Hay-Shunker scored our first goal, but our opponents equalized before half-time. During the second half we had much the better of the game, but our weakness in the circle was more apparent. Eventually Lockett scored, following a good individual run of his own up the left wing. Just before time the College had bad luck in not equalizing again, Hodgkinson stopping a very hard shot which appeared to be almost a certain goal.

Team.—H. L. Hodgkinson (goal); V. C. Snell, G. T. Hindley

(backs); B. Thorne-Thorne, A. D. Iliff, J. H. Hunt (capt.) (halves); J. W. Symonds, J. A. Nunn, C. L. Hay-Shunker, L. Heasman, J. Lockett (forwards).

#### 2ND XI PROSPECTS.

Most of last season's men are playing this year, and one or two very useful freshers have joined us.

So far our match record is only fair: we have won more games than we have lost, but it is certain that we can do much better than this.

What perhaps we lack most of all is team-work. Individually people have been playing well, but we have sometimes lost a game when a little more combination might have turned the scale in our favour.

This term we have the cup-matches to look forward to, and we feel that if the XI goes "all out" there is a jolly good chance of winning the Junior Cup.

Anyway we mean to make a good effort.

C. F.

### RIFLE CLUB.

The Miniature Range has experienced a considerable revival of interest this term. An aggregate competition has produced keen rivalry, while there have been large entries in the shoots for the newspaper certificates. There have been four matches this term:

November 24th v. London Hospital R.C.: Lost 554—558.

November 30th v. St. Thomas's Hospital R.C.: Lost 460—472.

December 1st v. Aquarius R.C.: Won 580—567.

December 3rd v. L. C. Smith & Corona R.C.: Lost 565—569.

The Bell Medal was won by J. Shackleton Bailey with an average for his five best scores of 97·8, B. P. Armstrong gaining second place with 97·2.

The newspaper certificates were awarded as follows:

*The Times* Certificate: B. P. Armstrong.

*The Daily Telegraph* Certificate: W. H. Cartwright.

*The Daily Mail* Certificate: P. G. F. Harvey.

There is plenty of room for more shooting members and there are two excellent "pots" going next term. The range is open on Tuesdays and Thursdays from 4.30 p.m.

D. O. D.

### ATHLETIC CLUB.

The Annual General Meeting of the Athletic Club was held on Thursday, December 10th. Dr. Morley Fletcher, who has held the office of President for many years, asked the Committee to accept his resignation, on account of his retirement from the active staff of the Hospital.

This was accepted very regretfully by all present. A hearty vote of thanks for his generous help and the many valuable services rendered to the Club during his long spell of office was proposed and carried unanimously. Mr. Theodore Just, the old running "blue," was elected President for the coming year. Other officers elected were:

*Vice-Presidents*: Dr. Morley Fletcher, Sir Charles Gordon-Watson, Mr. H. B. Stallard, Mr. Girling Ball, Mr. Reginald Vick, Prof. Gask, Dr. Adolph Abrahams.

*Captain*.—J. R. Strong.

*Hon. Secretaries*.—W. Jopling and J. W. Perrott.

*Committee*.—K. W. Martin, J. Shields, G. D. Wedd, C. E. Goodhart, J. G. Nel, J. R. Hill, W. D. Coltart, R. J. Simcox.

*Honours for Season 1931* were awarded to J. G. Nel, J. G. Youngman, J. R. Hill, W. H. Jopling, C. E. Goodhart, J. W. Perrott, G. Dalley, G. D. Wedd, J. Shields, C. B. Prowse, R. J. Simcox, J. R. Strong.

### ACKNOWLEDGMENTS.

*L'Écho Médical du Nord—Bulletins et Mémoires de la Société de Médecine de Paris—Bulletins de l'Hôpital Saint Michel—The Kenya and East African Medical Journal—Medical Times and Long Island Medical Journal—The Hospital—The Student—The Clinical Journal—Irish Nursing and Hospital World—Cambridge University Medical Society Magazine—Clinical Excerpts—The Magazine of the London Royal Free Hospital School of Medicine for Women—Guy's Hospital Gazette—London Hospital Gazette—St. Mary's Hospital Gazette—King's College Hospital Gazette—University College Hospital Magazine—The Queen's Medical Magazine—The British Journal of Nursing—The Nursing Times.*

## REVIEW.

CLINICAL INTERPRETATION OF AIDS TO DIAGNOSIS. Vol. II. (*The Lancet*.) Pp. v + 342. Price 10s. 6d.

In this volume and its predecessor an endeavour has been made to help the clinician in the interpretation of those investigations which he institutes. It is important that the clinician should know when and how to request certain pathological investigations; he should be aware of the labour which is expended over them, and lastly, when he receives the report, he should apply the correct interpretation. This volume will serve as a source of quick reference when such reports are received; with this in view a preliminary paragraph is given summarizing the contents of each article, and black type has been used in the index for diseases on which light may be thrown by one or other of the technical methods described in either volume. Each article is written by experts in the particular branch of which the article treats. With regard to the examination of faeces, it is well pointed out that there are certain conditions which must be fulfilled in order that the result may be of value to the clinician, and if these conditions are not fulfilled much valuable time is lost for the pathologist. An appropriate section is devoted to directions for collection of specimens of faeces, on which subject there appears to be some degree of ignorance on the part of clinicians. The section on radiograms of the alimentary canal merits careful perusal; the figures are good. The significance of blood calcium in diseases of bone we think may have been more fully developed with advantage in view of all the recent work. For the ophthalmic surgeon there is a valuable discussion on the significance of various micro-organisms which may be found in the conjunctival sac. In acute pancreatitis Dr. Harrison aptly recommends, whilst the patient and theatre are being prepared, examination of the urine, estimation of the urinary diastase and the performance of Loewi's reaction—these findings supporting or excluding a direct attack on the pancreas. He points out with regard to urinary diastase that complete negative findings do not exclude disease of the pancreas. A useful table is given of those tests of pancreatic efficiency which are considered most helpful. Light is shed on the interpretation of dental radiograms, together with many clear illustrations. The section on chest radiography is helpful.

We think the book will be of distinct service to clinicians.

[We regret that, owing to lack of space, many reviews have been unavoidably held over.]

## EXAMINATIONS, ETC.

## University of London.

*Third (M.B., B.S.) Examination for Medical Degrees, November, 1931.*

Honours.—Harris, C. H. S. (a, b, d, University Medal), Langston, H. H. (d).

(a) Distinction in Medicine; (b) Distinction in Pathology; (d) Distinction in Surgery.

Pass.—Attwood, J. H., Bennett, R. C., Caplan, A., Cook, A. B., Fawcett, R. E. M., Fisher, J. F., Gubbin, J. H., Knight, B. W., McGladdery, W. F., Renbom, E.

## Supplementary Pass List.

Group I.—Hackett, L. J., Hiscock, L. A., Ogden, W., Trueman, R. S.

Group II.—Smith, D. A.

## Royal College of Surgeons.

The Diploma of *Fellow* has been conferred on the following:

Body, H. A., Boovariwala, D. D., Boyd, A. M., Cooper, S. B., Evans, E. S., Handousa, A. el E., Harris, H. E., James, H. E., Lal, R., Letcher, H. G., Mitchell, D. H., Mitchell, D. M., Pain, A. B., Phillips, H. A., Philips, A. S., Price, E. E., Raven, R. W., Rycroft, B. W., Stone, V. S., Welsh, F., Williamson, J. C. F. L.

The following were successful at the Examination for the *Primary Fellowship*:

Hilmy, A., Jones, D. M., McGavin, D. B., McIndoe, A. H., Price, D. C., Tregaskis, T. G.

## Royal Colleges of Physicians and Surgeons.

The following Diploma has been conferred:

D.P.H.—Diamond, D.

## CHANGES OF ADDRESS.

BELL, ARTHUR C., 44, Queen Anne Street, W. 1. (Tel. Welbeck 9021.)  
CASTLEDEN, L. I. M., 9, Regency Square, Brighton. (Tel. Brighton 3333.)

CHOLMELEY, M. A., Islington Institution, St. John's Road, N. 19.  
MORGAN, E. W., 229, Chamberlayne Road, Brondesbury Park, N.W. 10.

NOBLE, J. A., Lowthorpe, 17, Queen's Park Avenue, Bournemouth.  
WALKER, H. N., 103, Dulwich Village, S.E. 21.

## APPOINTMENT.

ROCHE, A. E., M.D., M.Ch.(Cantab.), F.R.C.S.(Eng.), appointed Honorary Assistant Surgeon to the Genito-Urinary Department, West London Hospital.

## BIRTHS.

ALSOP.—On December 13th, 1931, to Margaret, wife of A. F. Alsop, 34, Leckford Road, Oxford—a daughter.

BLOUNT.—On December 3rd, 1931, at De Parys Nursing Home,

Bedford, to Muriel, wife of Douglas A. Blount, M.D.—a daughter.

CRABTREE.—On November 10th, 1931, to Gwen, wife of J. B.

Crabtree, F.R.C.S., of Ilfracombe, Devon—a daughter.

CROSSMAN.—On November 28th, 1931, at White's Hill, Hambrook,

Glos, to Alice, wife of Dr. F. W. Crossman—a daughter.

GREGSON WILLIAMS.—On November 27th, 1931, at 6, Queen's Road,

Hertford, to Patience, wife of Dr. A. Gregson Williams—a son.

HORSFORD.—On December 13th, 1931, at 24, Harley Street, W. 1,

to Edith, wife of Cyril Horsford, M.D., F.R.C.S.—a daughter.

POWELL.—On November 24th, 1931, at Earlsridge, Redhill, Surrey,

to Thelma, wife of Dr. Ronald R. Powell—a son.

TOMS.—On December 19th, 1931, at 27, Welbeck Street, W. 1, to Hope,

wife of Dr. Humphrey W. Toms, of Bangkok, Siam—a daughter.

WELLS.—On December 14th, 1931, at West Bar, Banbury, to Vera

(née Grantham-Hill), wife of Clement John Lethbridge Wells, M.B.—a son.

## MARRIAGES

BAYNES—LEAY.—On December 15th, 1931, Dr. H. Godwin Baynes,

11, Chelsea Embankment, son of the late Helton Arnold and Mrs.

Baynes, Mortimer, Berks, to Agnes (Anne) Sarah Leay, daughter

of Frederick P. and the late Laura Bromilow Leay.

CASTLEDEN—SMITH.—On December 15th, 1931, at Holy Trinity,

Chester, Ivan, only son of the Rev. G. D. and Mrs. Castleden, of

Dennington Rectory, Suffolk, to Joan, youngest daughter of

L. P. Smith, Esq., of Blacon Point, Chester.

DUNCAN—GODDARD.—On December 14th, 1931, at St. Mark's, North

Audley Street, by the Rev. Pennymann, Charles Matthews, younger

son of Dr. and Mrs. Matthews Duncan, Sunninghill, to Betty, eldest

daughter of Mr. and Mrs. Jack Goddard, The Whins, Sunningdale.

GOODWIN—MCLEAN.—On November 27th, 1931, at St. John's

Church, Hollington, by the father of the bride, assisted by

the Right Rev. Bishop Moloney, D.D., Theodore Stewart Goodwin,

M.A., M.B., B.Ch., to Sheelah Teape McLean, only daughter of

the Rev. and Mrs. W. McLean.

## DEATHS.

GABRIEL.—On December 18th, 1931, at 7, King Street, S.W.,  
Leonard Maurice Gabriel, M.D., aged 67.

HARRIS.—On November 27th, 1931, at Woodrouffe House, Milford-on-

Sea, Hants, Vincent Dormer Harris, M.D., F.R.C.P., J.P., aged 80.

HEWER.—On October 24th, 1931, Earnshaw Hower, O.B.E., F.R.C.S.,  
of Stratford-on-Avon.

PICKERING.—On December 16th, 1931, at 50, Upper Berkeley Street,  
W. 1, Rowland Neville Umfreville Pickering, M.R.C.S., L.R.C.P.

L.S.A., F.B.H.I.

WINTER.—On December 24th, 1931, at The House that Jack Built,  
Wolverhampton, Walter Henry Trimmell Winter, M.R.C.S.,  
L.R.C.P.I., son of the late G. W. Winter, of Ceylon.

## NOTICE.

All Communications, Articles, Letters, Notices, or Books for review  
should be forwarded, accompanied by the name of the sender, to the  
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